



CLAIM FOR DAMAGES County of Fresno



THIS CLAIM MUST BE SUBMITTED BY MAIL OR PERSONAL DELIVERY
Presentation of a false claim is a felony (CA Penal Code Section 72)

NOTE: Claims for bodily injury or death, damage to personal property or damage to growing crops must be filed not later than six (6) months after the occurrence out of which the claim/claims arose. All other claims must be filed not later than one (1) year after the occurrence out of which the claim/claims arose. (CA Government Code Section 911.2).

DIRECTIONS: File the original and one (1) copy of this form with County of Fresno, Clerk to the Board of Supervisors, Hall of Records, Room 301, 2281 Tulare Street, Fresno, CA 93721.

Name of Claimant (Injured or damaged party)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last, First, Middle		
		Date of Birth	Social Security Number	CA Driver License
Home Address and Telephone Number	Number/Street,/City/State/Zip Code Telephone Number			
Business Address and Telephone Number	Number/Street,/City/State/Zip Code Telephone Number			
Where would you like notices sent?	<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Attorney			
When did the injury or damage occur?	Month/Day/Year	Day of Week	Time of Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Where did the injury or damage occur?	Street address, intersection or other location.			
How did the injury or damage occur?				
PLEASE CONTINUE AND COMPLETE SECOND PAGE OF THIS CLAIM FORM				



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Names and telephone numbers of witnesses			
Names of County Employees involved			
Police Agency and Police Report Number			
What action or inaction of the County or its employee(s) caused your injury or damages?			
What injuries or damages did you suffer?			
Total amount claimed	\$		
DIRECTIONS: Sign and date this Claim for Damages below. NOTE: If the signer is <u>not</u> the claimant, please indicate relationship of signer to the claimant (e.g., parent, attorney, etc.) and include full address.			
Signature		Month/Day/Year	
Print Name	Number/Street/City/State/Zip Code		
Relationship to Claimant		Telephone Number	
DIRECTIONS: Attach to this completed and signed form any bills for medical treatment and expenses, and any estimates or bills for repair/replacement of damaged personal property.			